

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO**

IN RE:

HENRY RODRIGUEZ FERNANDEZ

DEBTOR

CASE NO. 16-00660/BKT

CHAPTER 13

**DEBTOR'S MOTION REQUESTING ORDER
RE: AUTHORIZATION TO USE FUNDS FROM 2016 TAX REFUND**

TO THE HONORABLE COURT:

NOW COMES, HENRY RODRIGUEZ FERNANDEZ, the Debtor, through the undersigned attorney, and very respectfully states and prays as follows:

1. The Debtor's confirmed Plan dated August 8, 2016 provides that debtor's tax refunds will be paid into the Plan.
2. The Debtor has received their 2016 tax refund in the sum of \$844.00. Attached is evidence of the check, dated February 18, 2018, issued by the Puerto Rico Treasury Department.
3. The Debtor respectfully submits to the Court that he needs to use these funds to pay for: medical expenses. Attached is a copy of the medical expenses estimates/invoices.
4. The Debtor needs to use the funds from the 2016 "tax refund" to pay for these reasonable expenses. Furthermore, the Debtor is living within a very "tight" budget which barely covers his living expenses and a Plan payment of \$260.00.
5. Based on the above-stated, the Debtor respectfully requests this Court to Order the authorization of the use of these funds to allow the Debtor to pay for these expenses with his "tax refund".

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Debtor's Motion Requesting Order
Case no. 16-00660/BKT13

WHEREFORE, Debtor, through the undersigned attorney respectfully requests that this Honorable Court grant the foregoing motion and allow the use of the funds from the 2016 tax refund by the Debtor to pay for the above-stated expenses.

NOTICE: Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006 (f) if you were served by mail, any party against whom this paper has been served, or any other party to the action that objects to the relief sought herein shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

I **CERTIFY** that on this same date a copy of this motion was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee; I also certify that a copy of this motion was sent via US Mail to Henry Rodríguez Fernandez, to his address of record: HC 10 Box 49143, Caguas, PR 00725.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 22nd day of February, 2018.

/s/ Roberto Figueroa Carrasquillo
ROBERTO FIGUEROA CARRASQUILLO
USDC #203614
ATTORNEY FOR PETITIONERS
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699 FAX 787-746-5294
Email: rfigueroa@rfclawpr.com

FECHA	NUMERO DE COMPROBANTE	DESCRIPCION/CONTRATO	FACTURA/OPE	IMPORTE DEL COMPROBANTE
12/02/18	000014	REINT 2016	----	\$*****844.00


	DIA	MES	AÑO
19322475	12	02	18
NUMERO DE CHEQUE	FECHA EMISION		

ESTADO LIBRE ASOCIADO DE PUERTO RICO

RETENGA ESTE TALON
PARA SUS RECORDS.

Ver al dorso para detalles de los mecanismos de seguridad / See reverse side for complete security features.

Modelo SC 784.3
31-ENERO-2006

 GOBIERNO DE PUERTO RICO

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NUMERO DE CHEQUE

IMPORTE
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OCHOCIENTOS CUARENTA Y CUATRO DOLARES CON NO/100

HENRY RODRIGUEZ FERNANDEZ Y
MARIA D DIAZ SOTO



 BANCO POPULAR.

SECRETARIO DE HACIENDA

19322475 0215020115 0300049482

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FERNANDO JIMENEZ SEDA
PMB 51
53 AVE ESMERALDA SUITE 2
GUAYNABO, PR 00969-4461
Tel. 787/743-7777

Fecha: 02/15/2018

Recibo de Servicios y Pagos

Pagina: 1

Hora: 15:48:04

Para el día: 05/03/2017

Hasta: 02/15/2018

Paciente: MARIA DE LOS DIAZ SOTO RP6858

Fecha	Codigo	Descripcion	Diente	Cargos	Transferido del Plan	Pagos	Balance
							0.00
05/03/2017	D0150	COMPREHENSIVE ORAL EVALUATION		30.00	0.00		30.00
05/03/2017	0	Pago del paciente		0	0.00	-30.00	0.00
05/31/2017	9	CONTINUIDAD DE TRATAMIENTO		1300.00	0.00		1300.00
05/31/2017	0	Pago del paciente		0	0.00	-325.00	975.00
07/12/2017	9	CORONAS 7-10		1300.00	0.00		2275.00
07/12/2017	0	Pago del paciente		0	0.00	-325.00	1950.00
08/02/2017	0	Pago del paciente		0	0.00	-325.00	1625.00
09/02/2017	0	Pago del paciente		0	0.00	-325.00	1300.00
Total del paciente				2630.00	0.00	-1330.00	1300.00

Autorizado por _____

Firma del Paciente _____

Fecha proxima cita: / /